

Name
in
Full

Robert Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Century</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>July</u>	Day <u>7</u>	Age <u>16</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Blk</u>	Birth-place <u>Talbot Co., Md</u>			
Occupation <u>Seaman</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Morris Adams</u>	Father's Birthplace <u>Talbot Co., Md</u>				
Mother's Maiden Name <u>Rebecca Barnes</u>	Mother's Birthplace <u>Caroline Co., Md</u>				
Name of person giving Information <u>Perry Adams</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia & tuberculosis</u>	How long <u>6 mos</u>
Immediate <u>Heart Failure</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>Century Md</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Mildred Bantom.

Town

County

Died at

Oxford

Talbot

MARYLAND

Date 1963

Month

Day

Y.

M.

D.

Native of

Occupation

July 6

Age

8-8.5

Oxford

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Sing~~~~Widow~~~~Number of children living~~

Husband of

Wife

Father's

Name

Dart. H. Bantom

Mother's

Maiden Name

Cornie D. Miles

Cause of

Primary

Arrested development

How long sick

150 All life

Death

Immediate

Exhaustion in Discontin

Accident, Suicide, Homicide

Reported by

Address

J. A. Stevens

Oxford, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

CERTIFICATE OF DEATH

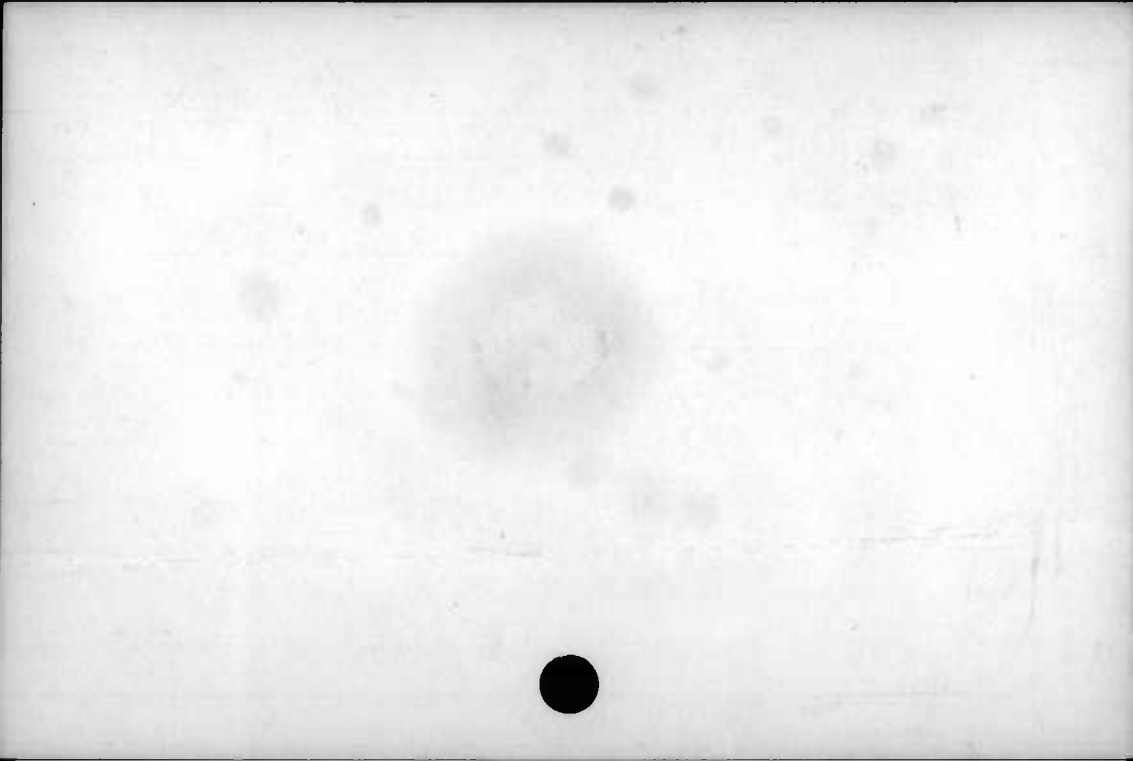
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> ^{Town}		<i>Falbot</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>13</i>	Years <i>71</i>	Months <i>8</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Oxford</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Retired</i>			
Name of Wife or Husband _____					
Father's Name <i>Edward Benson</i>			Father's Birthplace _____		
Mother's Maiden Name <i>Nancy</i>			Mother's Birthplace _____		
Name of person giving information <i>Maurice S. Benson</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Symptomatic Peritonitis</i>	How long	<i>Five days</i>
Immediate	<i>Septicemia</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. A. Stevens</i>	
		Address <i>Oxford, Md.</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Dorothy Carter

CERTIFICATE OF DEATH

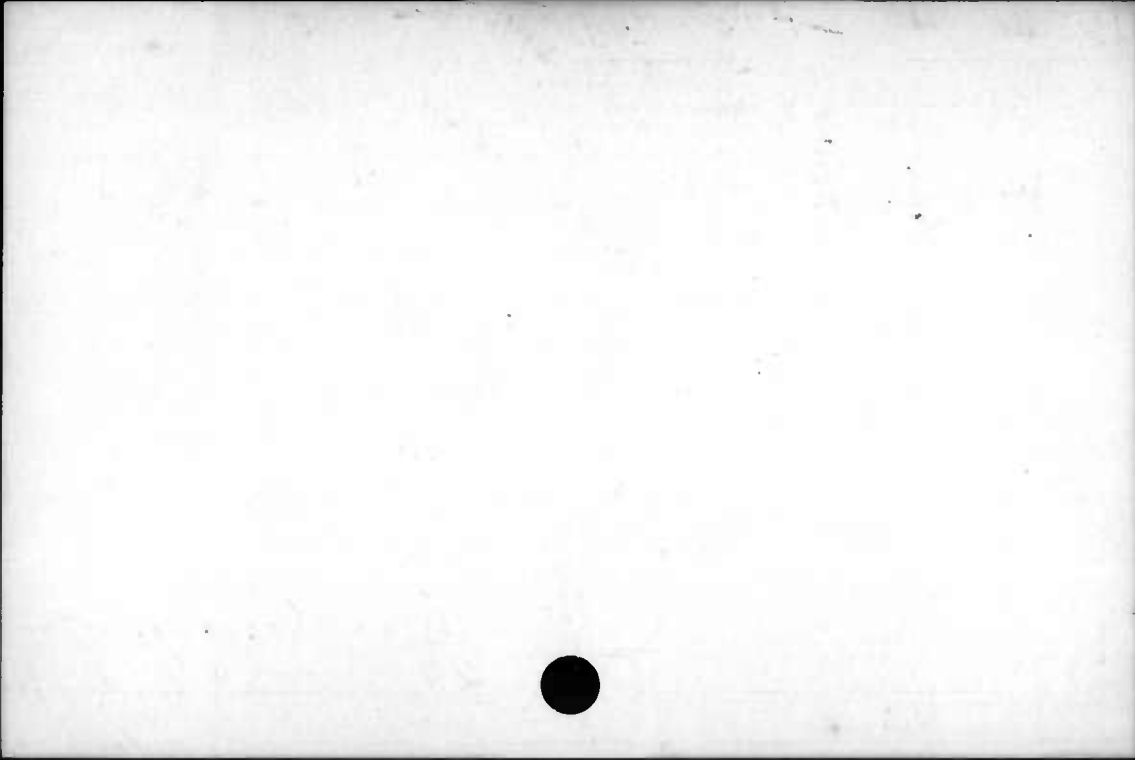
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>24</i>	Age	Months <i>4</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cordova</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>X</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>L. M. R. Carter</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Mary Merrick</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>"</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>61</i>	How long
Immediate	<i>Meningitis Acute</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. H. Row</i>
		Address <i>Cordova</i>
Accident or Suicide? <i>X</i>		



Name
in
Full

CERTIFICATE OF DEATH

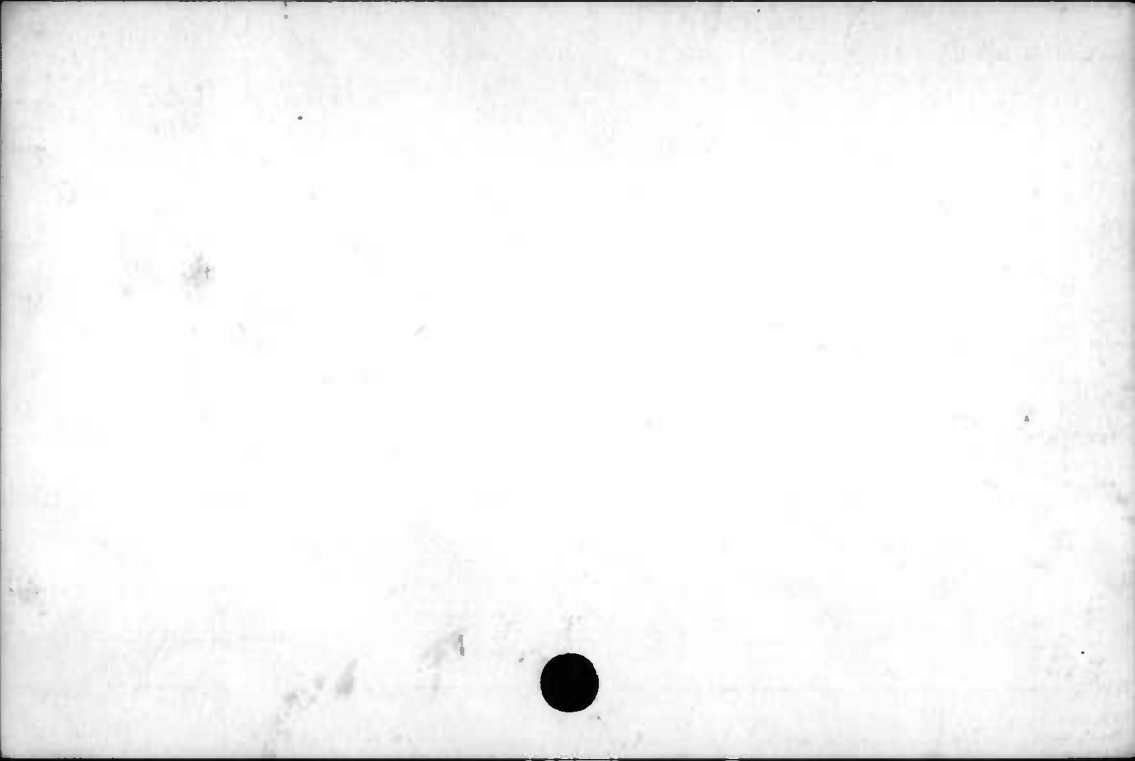
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Belvue		Talbot					
Date	Month	Day	Age	Years	Months	Days	
of death 1903	July	Mon			4		
Sex	Female		Color or Race	Negro		Birth-place	Belvue
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Lemm Cook				Belvue			
Mother's Maiden Name				Mother's Birthplace			
Anna Green				Belvue			
Name of person giving information				How related to deceased			
Lemm Cook				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Diarrhoeal	How long	5-Days.
Immediate	Coma, 105	How long	Phys. time
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	A. W. Coates, M. D.
		Address	St Michaels Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Daniel H. Cummings

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

7-10

Age

1-8

Md

Child

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

J. H. Cummings

S. Etta Ball

How long sick

About 1 wk

Accident, Suicide, Homicide

Reported by

Address

Cholera Infantum
Abr. J. B. Selth.

St. Michaels

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



James Nicholas Cummings

Town

County

Died at Pilghman Talbot

MARYLAND

Date ¹⁹⁰³ 7-22-11-3
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Elizabeth Duncilla
~~Wife~~

Father's Name Nicholas Cummings Mother's Name Mary Ann

Cause of Death Primary Scirrhus Multiplex
 Immediate Cardiac Failure
 How long sick 20 months
~~Accident, Suicide, Homicide~~

Reported by W.W. Chaires, M.D.

Address Pilghman, Md.



Nora Gaumon

Town

County

Died *near Easton**Talbot*

MARYLAND

Date 1903, *July 5*

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Date 1903,

July 5

Age

*1-**2**0**U.S.A.**Baby*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Color~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm B. Gaumon

Mother's

Maiden Name

Nora Lynch

Cause of

Primary

Cholera Infantum

How long sick

1 mo

Death

Immediate

*Exhaustion**105*~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charlotte Annie Hambleton

CERTIFICATE OF DEATH

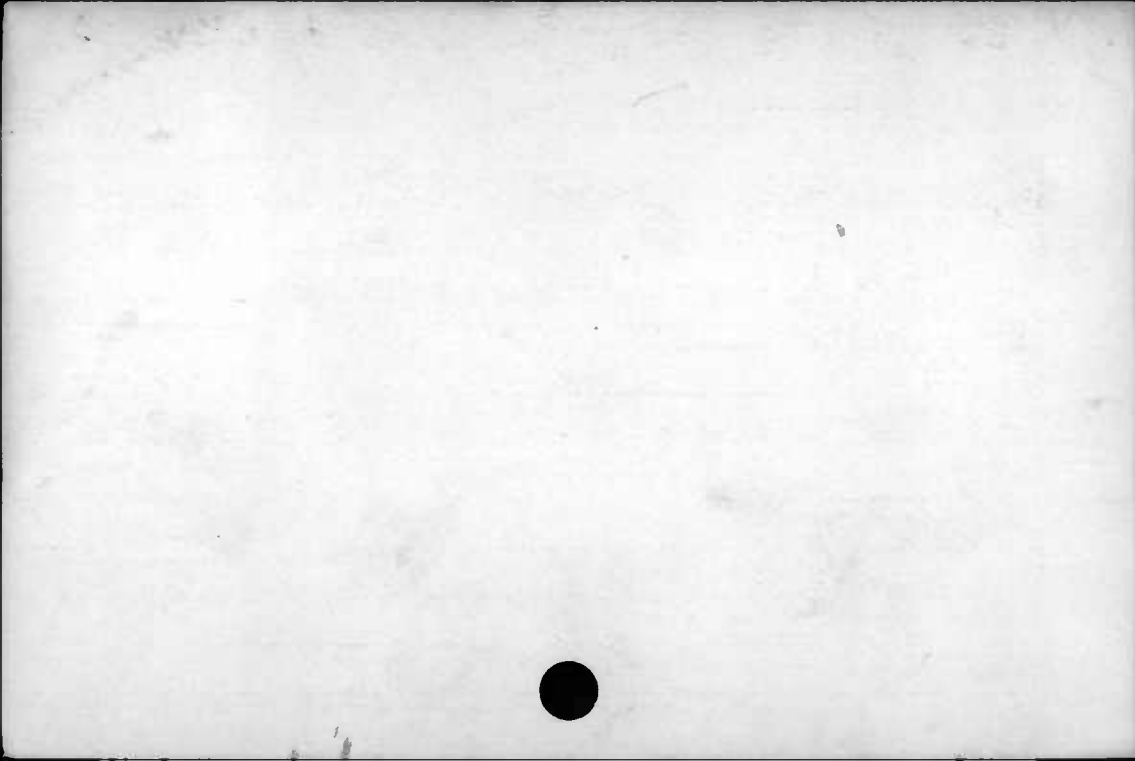
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} St. Michaels		^{County} Talbot		MARYLAND	
Date of death 1903	Month 7	Day 9	Age 56	Months -	Days -
Sex Female	Color or Race white		Birth-place St. Michaels Md		
Married, Single or Widowed		Occupation			
Name of Wife or Husband William Henry Hambleton					
Father's Name Josiah Fairbank			Father's Birthplace Do not know		
Mother's Maiden Name Mary Ann Merchant			Mother's Birthplace St. Michaels Md		
Name of person giving information Chas. Hambleton			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastritis and Chronic Rheumatism	How long	3 yrs
Immediate	Dysentery and Asthenia	How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. B. Glasecock	
Address		St. Michaels Md	
Accident or Suicide?		14	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Harvard A Hasken's
St. Michaels Town

Tallot County

MARYLAND

Date

of death 190

3 July Month

Day

6th

Age

Years

7

Months

9

Days

—

Sex

Male

Color or
Race

Colored

Birth-
place

St. Michaels

Married, Single
or Widowed

Single

Occupation

Boys

Name of Wife or
Husband

—

Father's
Name

William Hasken's

Father's
Birthplace

St. Michaels

Mother's
Maiden Name

Rebecca Moore

Mother's
Birthplace

St. Michaels

Name of person giving
Information

William Hasken's

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption 27

How long

18 months

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. B. S. Lyle

Address

St. Michaels

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Mary A Hubbard

Town

County

Died at

MARYLAND

Date 19 03 July 30 Age 96 - 30 Native of Carlisle Co Occupation Housewife
 Male White Married Widow ~~Single~~
 Female ~~Colored~~ Single ~~Widow~~ Number of children living 9

Husband of Samuel Hubbard
 Wife of Samuel Hubbard
 Father's Name John Hubbard Mother's Maiden Name Martha Beades
 Cause of Death { Primary Old age 154 How long sick 3 weeks
 Immediate Death Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.



Name in Full

Certificate of Death

Annie E. Jackson

Town

County

Died at

St Michaels

Talbot

MARYLAND

Date 1903

Month

Day

7 21

Age

Y.

M.

D.

67 - -

Native of

St Michaels

Occupation

Housework

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

~~Husband~~ of

Noah Jackson

Wife

Father's

Mother's

Name

Maiden Name

103

Cause of

Primary

Ulcer of Stomach

How long sick

15 months

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

A. B. Glascock

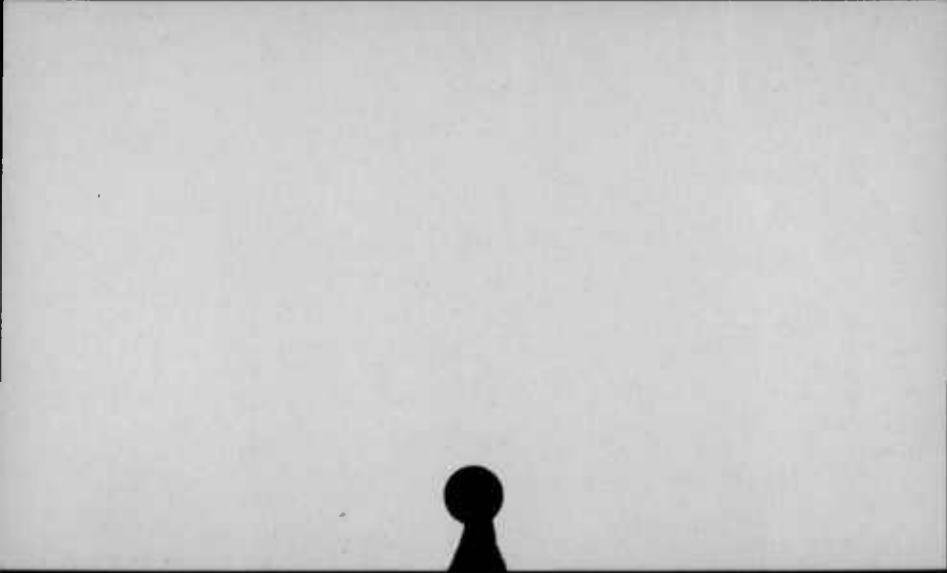
Address

St Michaels

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Roy W. Jackson

St. Michaels County

Died at St. Michaels, Md. MARYLAND

Date 1903 July 8 Age 1-1-25 Occupation Chief

Male White Married Widower Divorced Number of children living

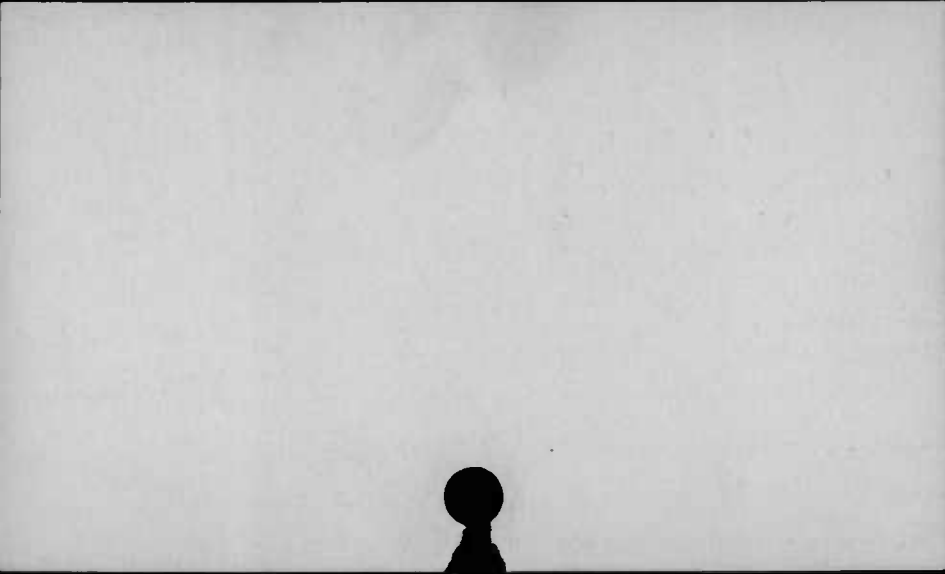
Husband of James Jackson Mother's Maiden Name Annie A. Brooks.

Cause of Death Primary Immediate Measles

How long sick 10 days Accident, Suicide, Homicide

Reported by Mr. J. B. Seth.

Address St. Michaels Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

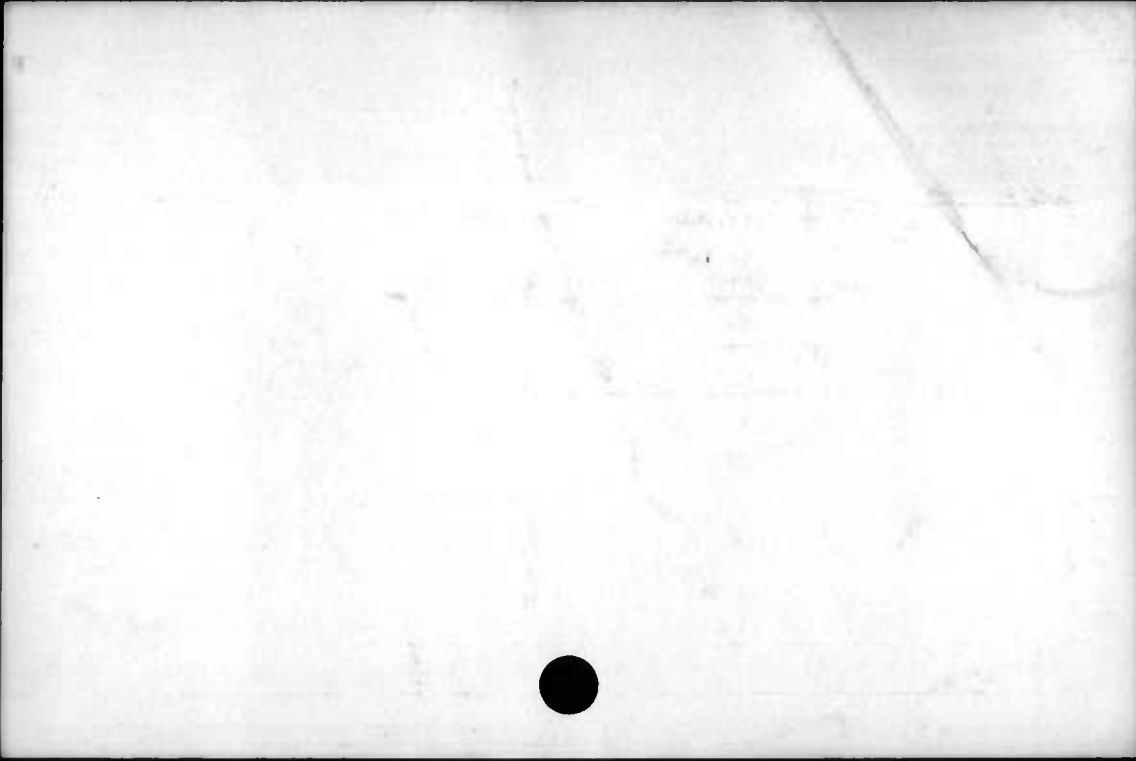
MARYLAND

Died at <i>John. Gump.</i>		Town <i>Matthews</i>		County <i>Talbot</i>	
Date of death 1903	Month <i>7</i>	Day <i>29</i>	Age <i>58</i>	Months <i>7</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed			Occupation <i>Merchant</i>		
Name of Wife or Husband <i>Jennie Ridgely</i>					
Father's Name <i>Edwin P. Gump</i>			Father's Birthplace <i>Caroline Co</i>		
Mother's Maiden Name <i>Elizabeth Lewis</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Mrs. Thomas Barwick</i>			How related to deceased <i>Saughter</i>		

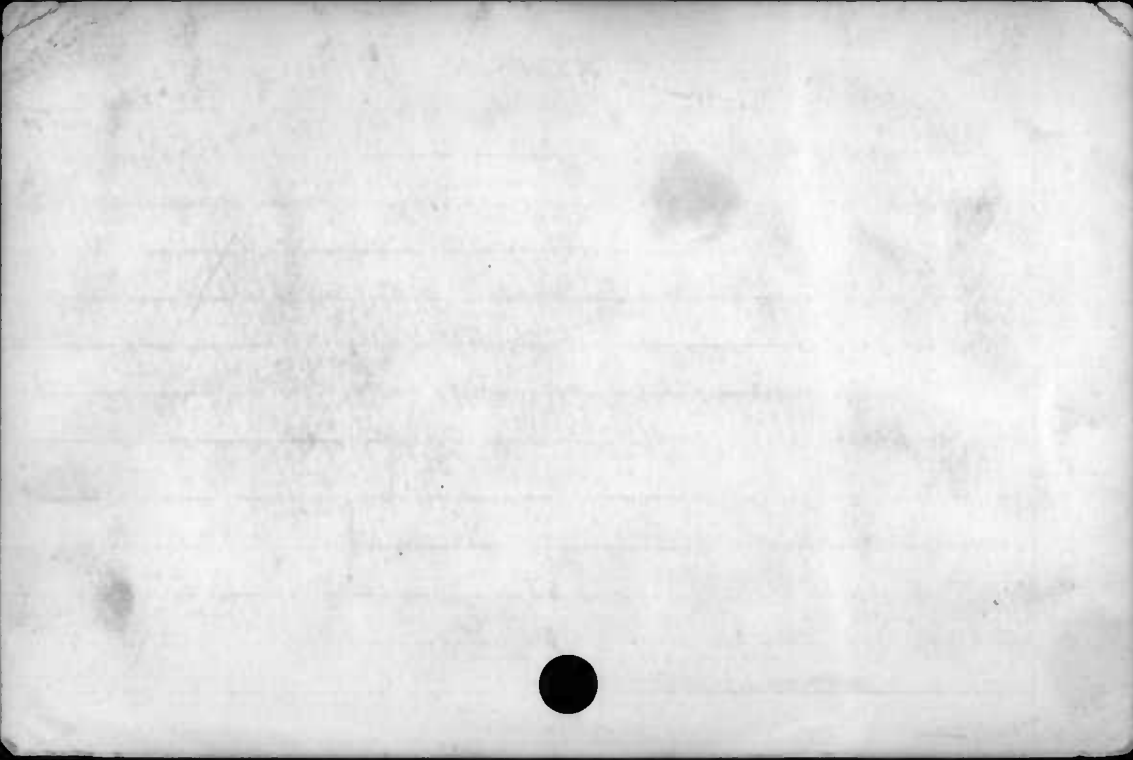
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration of heart.</i>	How long <i>10 yrs or more</i>
Immediate <i>Cerebral anemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. M. Little M. D.</i>
	Address <i>Cordova</i>
Accident or Suicide? <i>No</i>	<i>md.</i>



Same in Full		Sarah J. Jump				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Chaiborne</u> <small>Town</small>		<u>Dalbot</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>3</u> <small>Month</small> <u>July</u> <small>Day</small> <u>19</u> <small>Years</small> <u>73</u> <small>Months</small> <u> </u> <small>Days</small> <u> </u>		Age			
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Kent. Island Md</u>	
		Married, Single or Widowed <u>married</u>		Occupation <u>none</u>			
		Name of Wife or Husband <u>Jno Henry Jump</u>					
		Father's Name <u>Jno Cockey</u>				Father's Birthplace <u>Kent Is Md</u>	
		Mother's Maiden Name <u>Hermeline Bryan</u>				Mother's Birthplace <u>Kent Is Md</u>	
		Name of person giving information <u>Jno Cockey</u>				How related to deceased <u>Brother</u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Paralysis Agitans</u>				How long <u>several years</u>	
		Immediate <u>Dysentery</u>				How long <u>one week</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>A. B. Glascock</u>	
						Address <u>St. Michaels Md</u>	
		Accident or Suicide? <u> </u>					



Name in Full

Certificate of Death

Emily Kirby.

Town County

Died at *Trappe* *Talbot* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1903 *July* *1* Age *32* *6* *15* *Md* *Housewife*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~~~or~~

Father's Name *Wm. A. Kirby* Mother's Maiden Name *Margaret Armstrong*

Cause of Primary *Tuberculosis, Bowels + Lungs* How long sick *about a year*

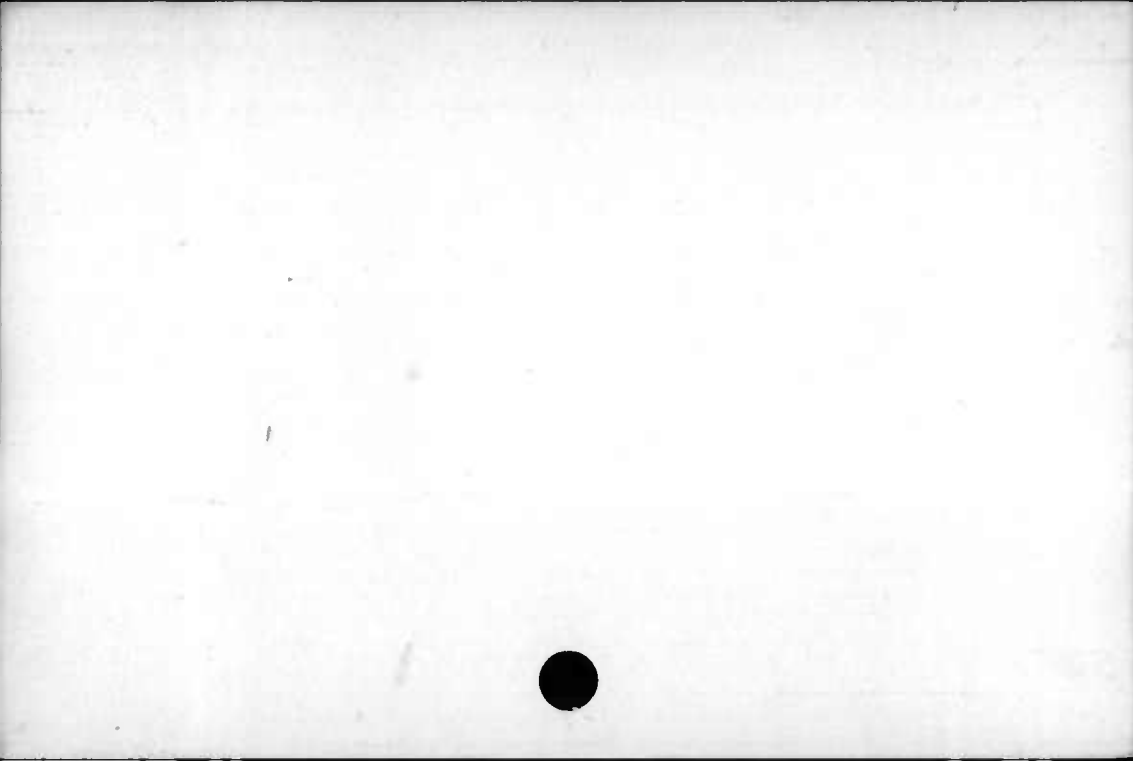
Death Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Sac. & Chaplain M. D.*Address *Trappe, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Louis Percival Moore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near	Town Trappe		County Talbot		MARYLAND	
	Date of death 1903.	Month 7	Day 12	Age 29	Years	Months 7	Days 5
	Sex	Male		Color or Race	White		Birth-place Talbot Co. Md.
	Married, Single or Widowed	Married.		Occupation Farmer			
	Name of Wife or Husband	Sarah Ida. Elms.					
	Father's Name	James Madison Moore				Father's Birthplace	Talbot Co. Md.
	Mother's Maiden Name	Mahala Ellen White				Mother's Birthplace	Talbot Co. Md.
Name of person giving information	Laura B. Malin				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Influenza				How long	3 weeks
	Immediate	Broncho-Pneumonia				How long	2 weeks.
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Joseph A. Ross, M.D.
	Address	Trappe, Talbot Co., Md.					
Accident or Suicide?							



Name
in
Full

Mary Elizabeth Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Salter</u> ^{County}		MARYLAND	
Date of death	<u>1903</u>	Month <u>July</u>	Day <u>17</u>	Age <u>47</u>	Months <u>1</u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Delaware</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Easton</u>		
Married, Single <u>Widowed</u>			Name of Wife or Husband <u>Jas H Poole</u>		
Father's Name <u>Samuel Philwood</u>			Father's Birthplace <u>Del.</u>		
Mother's Maiden Name			Mother's Birthplace <u>Del</u>		
Name of person giving Information <u>Jas H Poole</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Bronchitis</u>	How long	<u>6 Months</u>
Immediate	<u>Exhaustion</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. R. Zuppe M.D.</u>	
		Address <u>Easton</u>	
Accident or Suicide? <u>No</u>		<u>Ind</u>	



Name

in
Full

CERTIFICATE OF DEATH

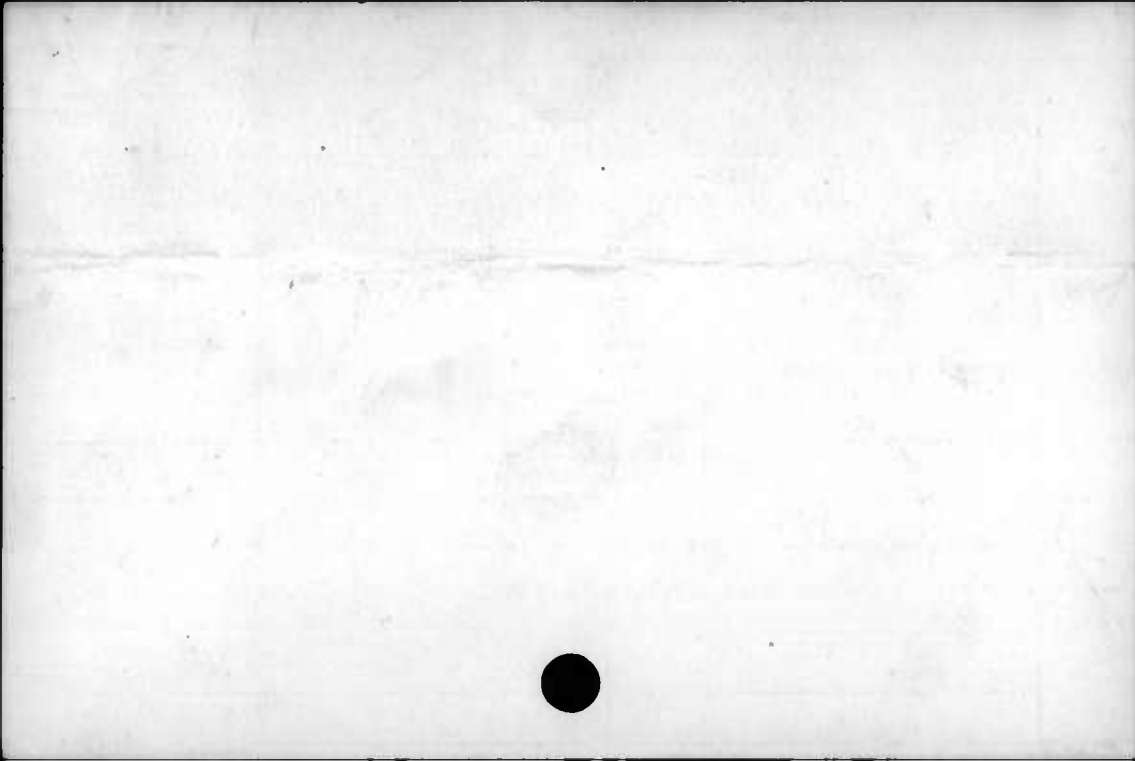
TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days	
Sex		Color or Race		Birth-place				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	Five years
Immediate	Diphtheria	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. A. Stevens	
		Address	
		Oxford, Md.	
Accident or Suicide?			
No			



Emily Virginia Slaughter.

Town

County

Died at near Trappe.

Talbot

MARYLAND

Date 1903.	Month July	Day 10	Age 57. 8. 1	Y. M. D.	Native of Md.	Occupation Farmer's wife.
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower		Number of children living	Two

~~Husband~~ of Saml. M. Slaughter.

Wife

Father's Name Hopkins Suddaway

Mother's Maiden Name Pauline Leaverton.

Cause of Death	Primary	Bright's Disease	How long sick	about 3 years.
	Immediate	Coma.	120	Accident, Suicide, Homicide

Reported by Mrs. S. Chaplain M.D.

Address Trappe, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Tench Hesley Slow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

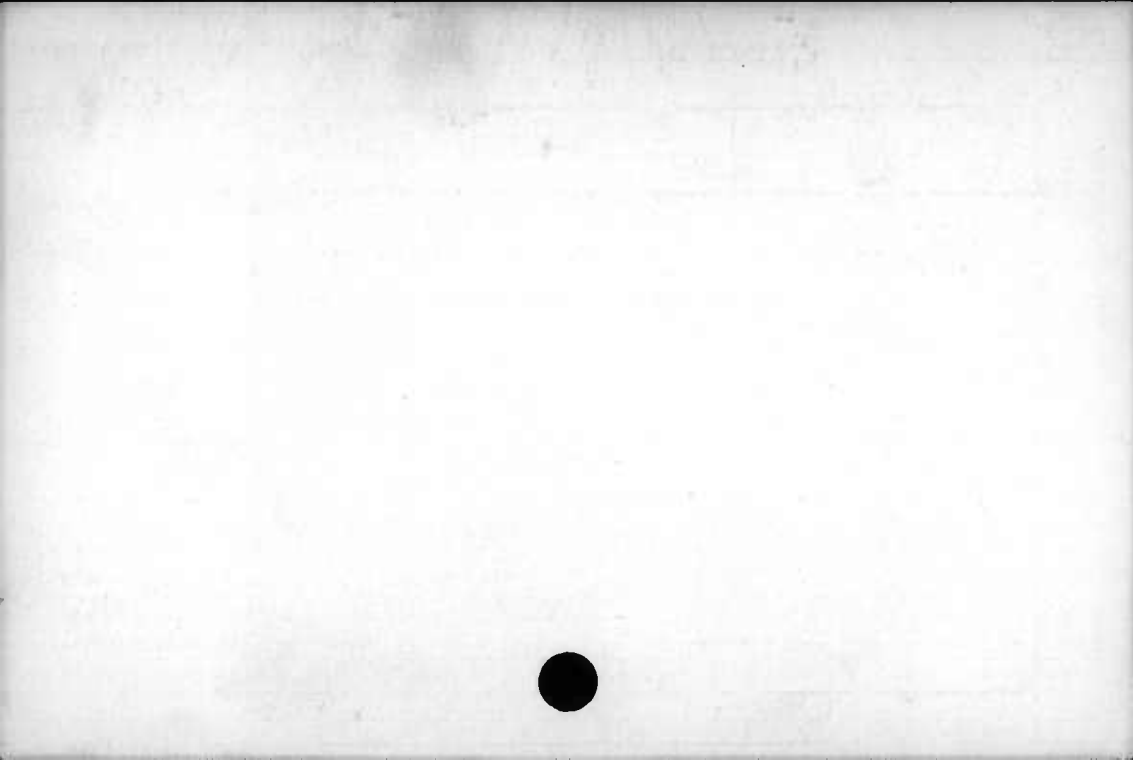
MARYLAND

Died near ^{Town} Easton		^{County} Talbot			
Date of death 1903	Month 7	Day 3	Age 72	Years	Months
Sex Male	Color or Race Negro		Birth-place	Talbot Co Md	
Married, Single on Widowed			Occupation Farmer		
Name of Wife or Husband Eliza Ann. Newman					
Father's Name William Slow			Father's Birthplace		
Mother's Maiden Name Henrietta Slaughter.			Mother's Birthplace Talbot Co		
Name of person giving information George. Irwin Slow			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Ankle-joint	How long	14 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		33 Joseph A. Rose MD	
Address		Trappe, Talbot Co, Md	
Accident or Suicide?			



Name
in
Full

Mary E. Thomas

CERTIFICATE OF DEATH

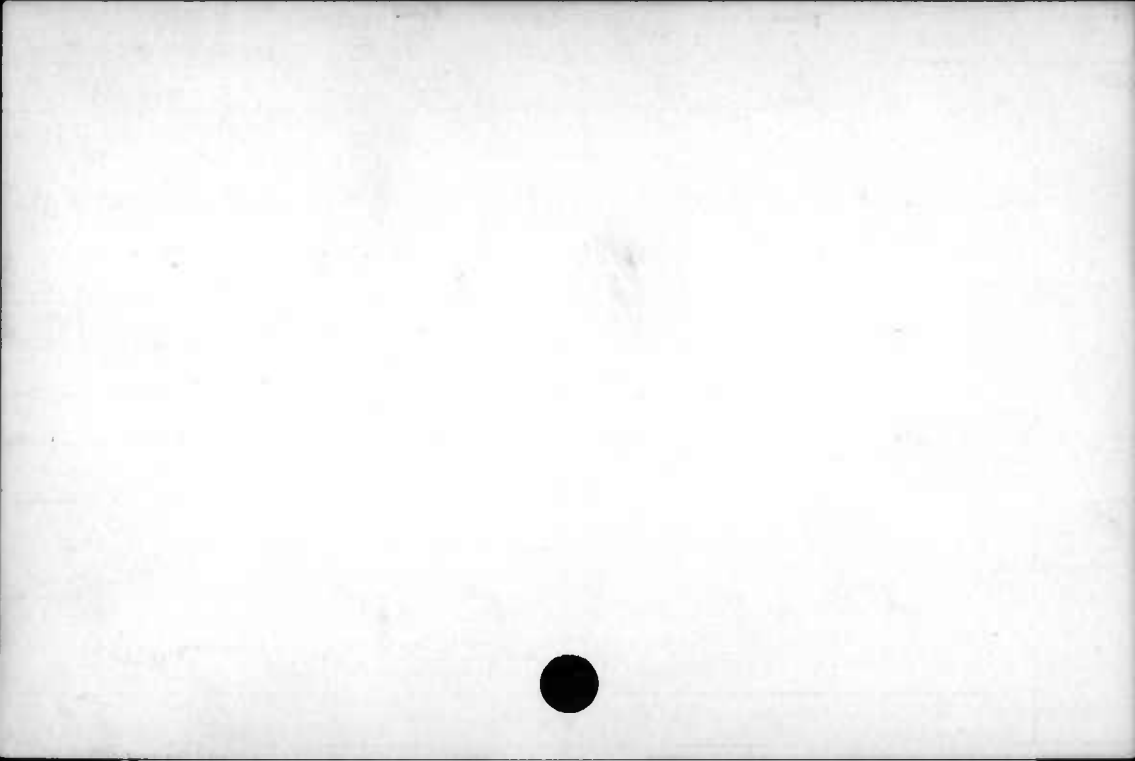
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Michaels</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death 19 <u>03</u> ^{Month} <u>July</u> ^{Day} <u>26</u>		Age <u> </u> ^{Years}		Months <u>5</u> ^{Days} <u>19</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>St. Michaels</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>clerk</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Wilbur Thomas</u>			Father's Birthplace <u>St. Michaels</u>		
Mother's Maiden Name <u>Katie Mitchell</u>			Mother's Birthplace <u>St. Michaels</u>		
Name of person giving information <u>Wilbur Thomas</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>8 days</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alfred B. Settle</u>
	Address <u>St. Michaels</u>
Accident or Suicide? <u> </u>	<u>Ind</u>



Name
in
Full

Swirdele M Thomas

CERTIFICATE OF DEATH

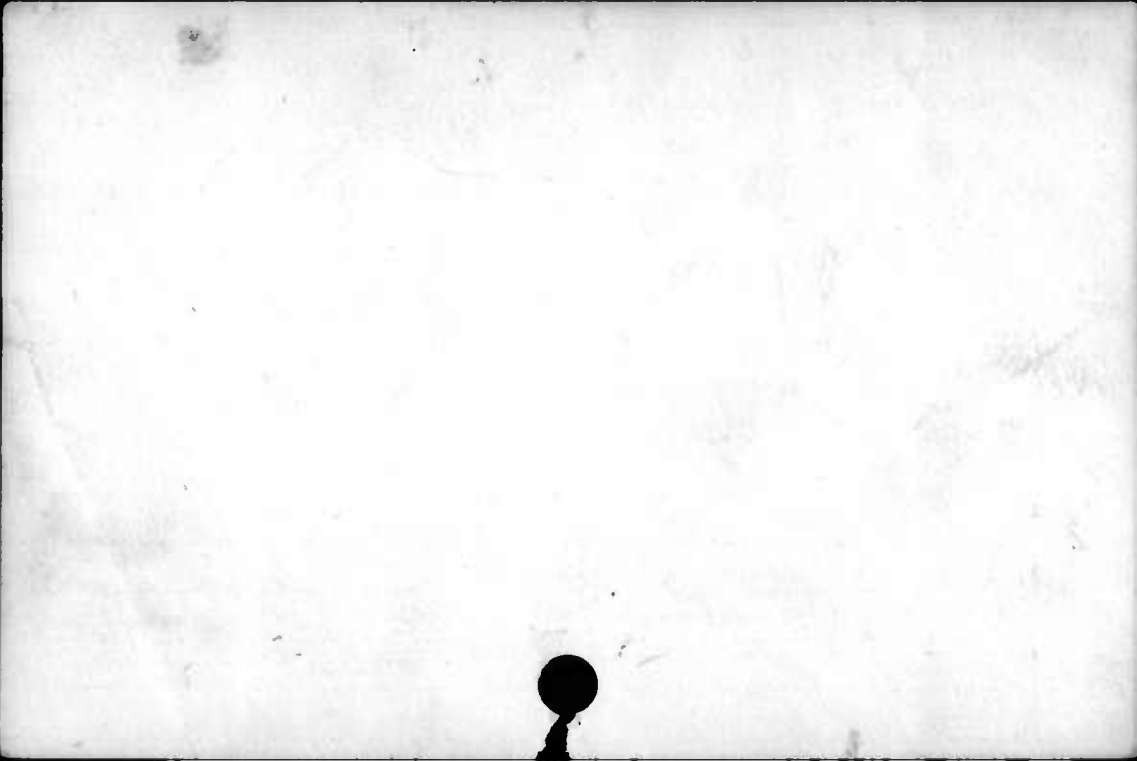
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hopkins Neck</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>5</i>	Age	Years	Months <i>6</i>	Days	
Sex		Color or Race <i>Negro</i>		Birth-place <i>Hopkins Neck</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Henry Thomas</i>				Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Eless Oliver</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Henry Thomas</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate	<i>Colera Infantum</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of <i>L. J. Kelmer</i>
		Address <i>7 Oak Talbot Co, Md</i>
Accident or Suicide?		



Walter Harrison Thompson

Town

County

Died at

MARYLAND

Date 1903 July 5
 Month Day Y. M. D. Native of Occupation
 Male White Married Widowed Divorced
 Female Colored Single Widowers Number of children living none

Husband of Susan Ann Mills
 Name Geo. F. Thompson Maiden Name Sarah R. Harrison

Cause of Death Primary Arterio Sclerosis
 Immediate Cardiac Dilatation 79
 How long sick 3 years
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Julius A. Tucker

Town

Twin Mills

County

Salter

MARYLAND

Died at

Date 1903

Month

July

Day

30th

Y.

M.

D.

Age

1

Native of

Ind

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

N. R. Tucker

Mother's

Maiden Name

Alicia Gray

Cause of

Primary

Cerebral Colitis

105

How long sick

4 weeks

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Julius A. Johnson M.P.

Address

Cash Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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